Docket Number						
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				110129.434		
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/749,117				Filed	December 30, 2003	
For DRUG DELIVERY FROM RAPID GELLING POLYMER COMPOSITION						
Art Unit 1618			Exam Jame:	iner s William Rogers		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a						
reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below);						
	20.0.1,	<u>Fee</u>	Small E	ntity Fe	<u>e</u>	
	One month (37 CFR 1.17(a)(1))	\$130	\$6	35	\$	
	Two months (37 CFR 1.17(a)(2))	\$490	\$2	45	\$	
	Three months (37 CFR 1.17(a)(3))	\$1110	\$5	55	\$ <u>555</u>	
	Four months (37 CFR 1.17(a)(4))	\$1730	\$8	65	\$	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$11	175	\$	
П	pplicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached.						
	The Director has already been authorized to charge fees in this					
X	application to a Deposit Account. The Director is hereby authorized to charge the above fees, or credit any overpayment,					
	to Deposit Account Number <u>19-1090</u> .					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the ☐ applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71						
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
X attorney or agent of record. Registration No. <u>54,150</u>						
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34						
	/Hai Han/			Octobe	г 28, 2008	
	Signature			Dat	e	
	Hai Han, Ph.D.			06-622	-4900	
	Typed or printed name Telephone Number					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

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